

Panacea Care Limited

Panacea Care

Inspection report

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31 March 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Panacea Care specialises in providing care to people who have mental health needs. At the time of our inspection Panacea Care provided shared accommodation and support to eight people living in two houses at Wood End Green Lane and Pield Health Road. We visited Wood End Green Lane where there were five people using the service and one person was in hospital. This service is staffed seven days a week from 9am-5pm with on-call support for people after these hours. We also visited on the second day of the inspection Pield Heath Road service. This is where people receive support from staff twenty four hours a day and currently two people were using the service.

Panacea Care is also registered as a domiciliary care service. This provides home care support to people who have mental health needs living in the community. At this inspection there were four people using this particular service but they did not receive any support with personal care and so this was not inspected at this visit.

Panacea Care had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection was carried out on 30 and 31 March 2016 and the first day was unannounced.

The service was last inspected the 9 and 10 February 2015. At that inspection we found that the provider was not meeting the legal requirements in relation to ensuring staff received ongoing training and an annual appraisal of their work, notifying the Care Quality Commission of significant events and having effective systems in place to assess and monitor the quality of service provision. At this inspection we found the provider had made improvements.

However, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were not enough staff deployed to meet people's needs safely.

There was a recruitment, induction and training process to ensure people benefitted from receiving support from suitable staff who had the skills and knowledge to meet people's needs.

The registered manager was notifying the CQC of important events and this included action taken.

The Mental Capacity Act (2005) had been appropriately applied and considered. People were involved in how they wanted to be supported and had consented to the support they received.

People's feedback on the service and the support they received from staff was positive.

Staff respected people's wishes, gave them choices and supported them to be as independent as possible.

People received individualised support that met their needs.

The provider had a policy and procedures for safeguarding people using the service and staff told us they had completed safeguarding adults training.

People's support plans covered their care and needs and detailed the support they needed from staff.

Systems were in place to support people to take their medicines safely and independently where they were able to manage this task. Checks took place to make sure people safely received their medicines.

Staff supported people to attend health and medical appointments, if this support was necessary.

There was an appropriate complaints procedure in place.

The provider was active in seeking feedback from people with regard to their experiences of the service and used this to drive improvement and make alterations to how the service was run.

There were various quality assurance checks in place to ensure the service operated effectively and safely.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. There were not enough staff deployed to safely support people using the service.

People were protected from the risk of abuse. People had confidence in the service and felt safe when receiving support.

There were good systems in place to ensure risks to people's safety and wellbeing were identified and addressed in a proportionate way.

Recruitment procedures were designed to ensure staff were suitable to work with vulnerable people.

People received their medicines in a safe way and staff received training to safely administer medicines to people.

Requires Improvement 

Is the service effective?

The service was effective and ensured people received care that met their health needs and wishes.

People experienced positive outcomes and gave us good feedback about their care and support.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported effectively with their health and dietary needs.

Good 

Is the service caring?

The service was caring. People told us they had a good relationship with staff and met them to share their views on the service.

People told us the care workers treated them with respect and

Good 

staff supported people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care was planned to meet these needs. Information reflected personal preferences and described how to support the them in a person centred way.

People were regularly encouraged to give their views and raise concerns or complaints to improve the service.

Is the service well-led?

Good ●

The leadership and management of the service was good. The registered manager promoted a person centred culture.

Staff were supported and could contribute their ideas to the registered manager.

There were systems in place to assure quality and identify any potential improvements to the service.

Panacea Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 March 2016 and the first day was unannounced.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by a single inspector.

We met with the registered and deputy manager, a support worker and three people who use the service.

We looked at the care records for three people living in the service, one staff employment file, viewed a sample of training completed by staff, checked one person's medicines and viewed records relating to the management of the service, including audits carried out on different areas of the service.

We also received feedback from one relative via email.

Is the service safe?

Our findings

We viewed the staff rota for March 2016. The supported living service staff team consisted of the registered and deputy manager, one support worker and two staff members who worked primarily in the outreach service. The support worker and registered manager confirmed that one of the two houses that provided a service was now offering staff support twenty four hours a day. At night one support worker was sleeping in the service. The rota showed that the support worker was working 9am-5pm five days a week at one service then leaving to work at the second service. The evening shift started at different times, sometimes at the weekend from 1pm-9pm or from 5pm or 6pm-9pm during the week days. In addition, seven nights a week the support worker was sleeping in at the second service then during the week going to the first house for a 9am start. This gave the support worker little time off work to have a break from working in order to rest or to attend training. There were no contingency plans if this support worker was not able to work or needed a break.

Furthermore, the registered manager and deputy manager worked 9am-5pm seven days a week and throughout March 2016 had not taken a day off work. The registered manager had not identified the working pattern of themselves and the support worker as a concern. We discussed the implications of this and on the day of the inspection the registered manager began the process of arranging for other staff, who worked in the outreach service, to start covering some of the sleeping in shifts. In the longer term they recognised they would need to recruit additional staff so that they and the support worker had time off work but that this could take time to find suitable new staff.

The above relates to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with said they felt safe living in the service. One person confirmed, "I feel safe living here, it's alright."

Staff said they would report any concerns and unsafe practice to the registered manager and were aware of the external agencies they could also contact, such as the Police and the local authority. Staff told us they had received training on safeguarding adults and training records confirmed this. There were policies and procedures in place on safeguarding adults to help keep people safe and to inform staff of their roles and responsibilities.

We saw there were systems in place to appropriately manage people's money if they wanted staff to keep it safe and/or help them budget. We observed that people signed if they had been given their money and the registered manager confirmed they checked people's money on a regular basis to ensure transactions were accurately being recorded.

People's files contained risk assessments. These identified the risk and the support required to minimise the risk. The assessments covered possible risks, such as self-harm, self-neglect and drug and/or alcohol misuse. The risk assessments included guidance for staff on how to mitigate identified risks. People's risk

assessments had been evaluated and reviewed regularly to make sure they were current and remained relevant to the person using the service.

Incidents had been recorded along with what had occurred. Staff informed relevant professionals where necessary about incidents so that people's mental health needs if deemed appropriate, were reviewed. The registered manager confirmed that they would analyse incidents and put plans in place to support the person and minimise this occurring again if and when this was required.

The registered manager took steps to make the building and the equipment within it safe. We saw various checks on fire safety were in place. Fire drills were held with the last one taking place in December 2015. Fire equipment was checked and serviced at the appropriate intervals and a fire risk assessment had been completed. Other servicing checks were in place on the equipment people used on a daily basis, such as the gas safety check which took place March 2016.

There had been one new member of staff who had joined the outreach team since the last inspection and they might sometimes work directly with the people using the service. We viewed their employment file and saw that recruitment checks had been carried out. This included an application form and employment history, two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provided information about any criminal convictions a person may have and helped to ensure people employed were of good character and had been assessed as suitable to work at the service. The registered manager confirmed they carried out interviews but there was no evidence of the questions and answers given during an interview. They said this would be made available for any future new staff members.

Where people using the service needed support with their medicines, the provider had appropriate policies in place and guidance and training for staff on the safe administration of medicines. People confirmed that if they felt able to they looked after their own medicines. One person told us, "The medicines keep me well." Another person said they knew why they were prescribed certain medicines and they confirmed they didn't have any negative side effects from taking the medicines. People also confirmed they kept their medicines locked away so that no-one else could access them.

People's support plans included details regarding the medicines they were prescribed and who was responsible for their administration. A medicines risk assessment had been completed to address and minimise any risk. Staff confirmed they had undertaken training on medicines administration. We checked Medicines Administration Record (MAR) charts for one person and counted their medicines which were correct at the time of the inspection. Staff had completed the MAR sheet correctly when they supported people with their medicines. People attended reviews on the medicines they were prescribed to make sure it was in their best interests to continue taking the type of medicine and dose.

Is the service effective?

Our findings

At the previous inspection in February 2015 we found that the support worker and registered manager had not completed training in various subjects for some time. At this inspection we saw that this had improved and staff received ongoing training in different areas. This included first aid, mental health awareness and person centred care. Staff said they had a range of learning opportunities both completing online training and long distance learning to enable them to develop skills and update their knowledge. One staff member said the registered manager was "supportive" and was helping them look at enrolling onto a leadership and management course.

At the previous inspection we identified that staff annual appraisals had not taken place. At this inspection we saw that staff had received this which enabled them to consider their strengths and to set objectives for the forthcoming year.

People said they had no complaints about the staff. One person said they felt "understood" by the registered manager and that they were "easy to talk to." Staff were able to demonstrate they knew people's routines and abilities and worked with people in different ways depending on their needs.

New staff received an induction to the service. The registered manager said that if a new staff member joined the service then they would complete the modules aligned with the Care Certificate, (these are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support) for all new staff. We saw evidence this had been completed by the most recent staff member to join the team.

Staff also received support through regular one to one supervision and records showed this was offered to all staff. Staff confirmed they found these meetings useful.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for community services would be via the local authority and court of protection.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Seven of the people using the service were able to safely go out in the community alone and unsupervised. However, one person's needs had recently changed and the registered manager had communicated with

the local authority to see what would be in the person's best interests and to determine if they needed to be assessed now they sometimes needed staff supporting them outside of the service if they were going to unfamiliar places. The service had adapted to ensure the person's needs were safely being met. A relative confirmed that staff were flexible in how they supported the person, recognising when they need minimal staff input or extra help depending on their needs for that particular day.

We saw that people using the service had been involved in planning the support they needed and had signed to demonstrate they had given consent to their support plan.

Training records confirmed staff had received training on the Deprivation of Liberty Safeguards (DoLS) and MCA. Staff explained they supported people to make daily decisions, but recognised that this was their home and they had the ability to make choices. Staff said the service did not have restrictions in place for people as they could choose how they lived their lives. We saw people had individual tenancy agreements and had signed for keys to their bedrooms and to the front door. This enabled them to have privacy and to come and go as they so wished.

People were supported in different ways with their meals and nutrition. Some people told us they ate out a lot and did not prepare meals in the service. One person said "I get help from staff if I need it, but I cook simple meals." Two people had been attending adult education cookery classes to develop their cooking skills. Where people had particular health needs, such as diabetes, we saw staff wrote a menu plan with the person, but staff confirmed that often the person chose not to follow it. Where staff were aware of what people were eating they recorded this to monitor the types of meals people were eating. A relative gave us an example of where staff encouraged a person to drink alternative drinks from what they were having several times a day. This was so that they had varied drinks that were more positive for them. People, if they agreed, were weighed each month so that staff could monitor any significant changes and liaise with the GP and/or community mental health team.

People's health needs were recorded in their support plans and health appointments were recorded along with outcomes so that staff could respond to any changes or issues with people's health needs. People generally attended health appointments without staff supporting them. Staff encouraged people to attend these appointments and recognised that for some people they required extra prompting to ensure their health needs were met. People using the service were asked to feedback to staff the outcome of these appointments. We saw records of where staff knew people had met with health professionals, such as the dentist or psychiatrist.

Is the service caring?

Our findings

People spoke positively about the staff team. One person told us they felt staff were "helpful." A second person said "staff were supportive." People also spoke about having privacy and being able to choose to go out or be with others. They commented that there was no pressure to mix all the time with each other. A relative confirmed that staff supported people appropriately to make daily decisions and were "cheerful, highly responsible and appropriately affectionate." They also said that staff were, "very focussed on providing the best of care."

The service recognised the importance of meeting people regularly and hearing their comments and views on anything they wanted to talk about. We saw that monthly meetings took place between staff and each person. People confirmed they met with staff all the time and comments included, "I can talk about issues with staff" and "I meet staff monthly which is fine." These meetings also enabled staff to monitor if there were problems and if necessary liaise with other community professionals to review people's needs.

We saw advocacy services contact details in the communal areas of the service, although we were told currently no-one had an advocate as they could either communicate their needs effectively or they had family or friends to support them.

During the inspection, staff interacted with people in a positive and professional manner. If people requested something, such as money or their medicines, then we observed staff responded quickly in ensuring people's requests or needs were being met. We saw the registered manager talking with a relative and supporting them to visit their family member at the service. Staff, if appropriate, helped people maintain social relationships with their family members and friends. One person confirmed that they had a friend to stay over once a month which they enjoyed.

The registered manager told us that they regularly discussed the importance of giving people choice, promoting independence and respecting their wishes in staff meetings. We saw evidence of these types of discussions in a recent staff meeting.

Is the service responsive?

Our findings

People received individualised support that met their needs. People told us they were involved in all aspects of the support they needed. One person said, "I am glad I live here, I have freedom but can call on staff if I need to." A relative confirmed that the registered and deputy manager "both give us information about X (name of person using the service) through phone calls or text or email and we are regularly invited to join any important consultations."

People's needs were assessed before they began using the service and the support they would require was planned in response to their needs. People confirmed they had met the registered manager before moving into the service.

We saw that each person using the service had a support plan in place. These contained information on various aspects of a person's life. For example, their background, physical health, independent living skills and mental health needs. The contents included the level and type of support staff needed to provide and what the expected outcome was if the person was appropriately supported. The registered manager explained the support plans were reviewed once a year or sooner if the person's care needs had changed. We saw where people's needs had changed that the support plan had been updated.

On one person's support plan there was some language that did not fully explain how the person expressed their needs, such as when they felt frustrated. The support plan also did not make it clear exactly when staff would need to support the person or why in the community. This was amended on the day of the inspection. The registered and deputy manager wrote the support plans and told us they would check each other's work more closely in future to ensure information was written clearly and in an informative way.

There was an activity timetable for those people who wanted to take part in one to one or group activities. This might be, for example, cooking or using the computer. One person confirmed there were things to do if they wanted to but that they liked going out every day alone. A relative said there were trips out and that people did mix with the people living in the other house. They explained that people went into the local town and ate out which was good for their "well-being." We saw day trips were arranged and people used public transport to access places. The majority of people went out alone and took part in activities such as swimming or visiting the gym. The deputy manager told us one person liked to attend the local church and staff supported them to attend this on a regular basis.

There was a complaints policy in the dining room and people we asked said they knew to talk with the registered manager if they had a complaint. One person said, "I would talk with the manager if I needed to." Another person told us, "I can talk with staff whenever I want to and they would listen to me." A relative confirmed that they would not hesitate in talking with the registered or deputy manager if they had any concerns as they had a good relationship with them. The registered manager told us they had not received any complaints. There was a suggestion box by the front door so that people could also use this as a way to give their views on the service.

The service also included a number of compliments and cards with thanks received from people using the service or their families. One comment from July 2015 from a relative was that they were, "impressed by the services offered." A compliment was also seen from a health care professional where they had said the staff were "caring and that they would "recommend this place (the service)."

The registered manager used satisfaction questionnaires as one way to gain feedback about the service. This was given to people using the service, their relatives, staff and professionals. The registered manager was in the process of reviewing those that had recently been returned and was still waiting for some more before analysing all the results.

Is the service well-led?

Our findings

At the previous inspection in February 2015 we identified that the registered manager had not been notifying the Care Quality Commission (CQC) of significant and notifiable events. Since then we had received appropriate notifications which informed us of what the incident was and action taken.

Also during the previous inspection we found the quality assurance systems had not been effective and thorough enough to identify the issues we had found in February 2015. At this inspection we saw that continuous improvements had been made and the registered manager had recognised that detailed checks on different aspects of the service were important in noting shortfalls and addressing these in a timely manner.

A relative was complimentary about the registered and deputy manager. They told us that as they both had "long term experience in supporting adults with mental health issues" and this had enabled them to provide a service that had a "family feel."

There was an open culture at the service. People said the registered manager was "approachable." We saw that monthly meetings were held for people using the service. The last meeting held in February 2016 had talked about activities and house chores. People confirmed that they tried to attend these meetings to hear about anything happening in the service.

Feedback from staff about the registered manager was positive. A support worker told us they felt able to discuss anything with the registered manager and that they listened to them. Staff had the opportunity to meet as a group to share ideas and hear news about the service. The deputy manager who worked at the second house confirmed that although they did not always attend these meetings, the registered manager visited them to talk through what had been discussed.

The registered manager engaged positively with the inspection. They were also the registered provider and were keen to make continuous improvements to the service. They kept up to date by attending training and workshops and had a management qualification in care. Some of these were run by social care organisations such as Skills for Care. The registered manager said they also received updates from the CQC and the Caring UK magazine.

There were various audits carried out in the service. This included, daily counts of people's medicines. Twice a week checks took place on medicines where people who managed this task completely on their own to ensure they were safely receiving their prescribed medicines. Any variations or issues were recorded and action taken if people were no longer safely managing their own medicines. The first aid box was checked monthly and we saw health and safety checks were also completed each month. This included checking the fire doors closed properly and any issues were noted so that the registered manager could ensure any work was completed.

The registered manager had developed an annual report and plan for the service. This looked at where

improvements had been made, such as decorating one of the houses and future aims and objectives for the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured that there were sufficient numbers of persons deployed in order to meet service user's needs. 18 (1)